Task Force 21 Soldiers train at home, abroad

Task Force 21

Soldiers of Task Force 21 have been on overdrive the past year in providing medical care at home and abroad. Following the wake of Hurricane Katrina in 2005, the unit hunkered down in New Orleans for six weeks, operating a combat support hospital in movement-restricted confines to augment the area's inpatient medical care.

When it was time to move out, they went from the despairing streets of Louisiana to the dusty terrain of Iraq five months later. A few things remained the same, like having many of the same people from their Joint Task Force Katrina efforts on hand for their Operation Iraqi Freedom mission.

The Task Force, made up of the 21st CSH from Fort Hood, Texas, and the 36th Area Support Medical Company, from Fort Bragg, took another advantage from their previous tour — the same technology and mission.

The unit assumed the mission from Task Force 344 that had initiated the process of documenting patient care electronically.

"Our focus has always been the same," said Lt. Col. Andrew Smith, communications officer, Task Force 21. "To maximize the use of the electronic systems, we have to capture and permanently document our patients' health encounters."

From their efforts in Louisiana, Task Force 21 ran with a familiar medical information management system as soon as their boots hit the ground in Iraq – the medical Communications for combat casualty care system.

The unit's use of the MC4 system in New Orleans marked the first time deployable medical units used an electronic medical recording system in the continental United States to capture health records during a humanitarian mission.

"Roughly 70 percent of the clinical team that deployed with us to Iraq was together at JTF Katrina and has used MC4," Smith said. "This was absolutely indispensable. Successful operations rely on building a strong, cohesive team. Having the opportunity to work with and build bonds with many of the Soldiers was critical to coming together quickly as a unit prior to deploying to Iraq."

While their efforts during JTF Katrina in 2005 proved to be a crash course in electronic medical recording, the unit could reasonably teach an MC4 class by the time they reached Abu Ghraib and Camp Bucca in Iraq in 2006.

"I can't emphasize enough the need for continuous training," Smith said. "In order to do this right and to continue to push the system (MC4) and streamline operations, you have to continuously revisit the training aspect. Repetition breeds familiarity; familiarity breeds competence; competence breeds excellence. We are still training today, 10 months into our Iraq operation."

Despite the litany of training, the unit still had to find new ways to use MC4 to improve customer satisfaction and healthcare efficiency through electronic medical recording.

"One of the unique things we did was use the MC4 inpatient software (CHCS Legacy) to order

photo courtesy of Task Force 21
Lt. Col. Andrew Smith, communications officer, top, and Spc. Joshua Stapleton, lab technician, of Task Force 21, review lab results after their unit assumed the mission from Task Force 344 who had initiated the process of documenting patient care electronically.

and receive laboratory results directly to a networked printer in the requesting area, like the intensive care unit and the Detainee Medical Clinic," Smith said. "This capability generated so much staff satisfaction that 100 percent of our laboratory and pharmacy orders were entered through MC4 from that point forward. When our staff orders a laboratory study, the lab technicians can do the work and return the results to their printer in far less time than they could without the system. It is just much more efficient and provider-centric in this area."

The improved efficiency impacting patient care at the 21st CSH can be directly attributed to the staggering number of medical records processed through the digital system.

More than 22,903 inpatient lab results and 56,878 IV drug orders were processed digitally.

In nine months, the two hospitals also managed to record 15,784 outpatient medical treatments, facilitate 42,176 outpatient laboratory orders and process 51,603 outpatient prescription orders from their MC4 laptops.

"The two areas where I see the biggest impact of MC4 are in the lab and pharmacy," Smith said.

"Technicians do an incredible amount of work and when I think of the time savings by doing this electronically rather than walking those orders around, it makes it all worthwhile."

At TF21's southern site, multiple treatment areas are geographically separated by several hundred meters from the main hospital.

There, the Camp Bucca staff linked the remote treatment areas to the central hospital's MC4 network via wireless networking.

"What they have done at Camp Bucca has been phenomenal," Smith said. "Could you imagine walking a lab order or prescription 1,000 meters through 130 degree heat, and then going back to pick it up when it is ready? No, you wouldn't do it. You would have to consolidate trips, possibly making one a day, which in some cases would delay care."

Smith continued, "What if the lab you delivered revealed something significant? Now you couldn't start treatment until a day later because you delivered the order at the end of the day, and didn't pick up the results until the next day. MC4 not only facilitates a time savings for our staff, but equates to better, or at least more timely, care for our patients."

While Smith characterizes his unit's ability to record outpatient data and pharmacy and laboratory orders "wildly successful," his vast experience with the system will ultimately translate into advice on how the next unit can improve.

"It's a team effort," Smith said. "Everything builds on itself. If the patient doesn't get entered (via MC4) by the Patient Administration Division or at their initial visit, then it adds a degree of difficulty in capturing the encounter. If the encounter isn't captured, then it adds a degree of difficulty for the ancillary services. If the ancillary services aren't entered, then it adds a degree of difficulty in diagnosing and/or admitting. It just builds and builds, which is why it is so important that everyone plays together. We implemented a multi-disciplinary electronic health record working group that helped everyone realize what they did or didn't do in the system affected people further downstream. This got us all on the same page and working towards a common goal."

Although Smith only believes the unit has "scratched the surface" of fulfilling the complete mission on the battlefield, he hopes that the mission will be successfully continued by his successors.

"I fully expect that we will hand over a more mature process to the 31st CSH than what we received," Smith said. "That's what it's all about though; continuously improving your fox hole. The 31st CSH will pick up where we leave off and take it to yet another level."